

City of Isleton

101 Second Street / P.O. Box 716 Isleton, Sacramento Co., California 95641 Tel: 916-777-7770 Fax: 916-777-7775 Info: yvonne.zepeda@cityofisleton.com

ADDRESS ASSIGNMENT REQUEST

Note that addresses will only be assigned when new development or alteration work is proposed. If no new construction or alteration is proposed, a change of address will ONLY be granted for one of the following reasons:

- The existing entrance on a corner lot is on a different street.
- You have documentation that demonstrates difficulty in receiving mail or emergency services.

CURRENT PROPERTY ADRESS (if any):		Date:
PARCEL NUMBER:	Tract #:	Lot #:
APPLICANT NAME:		PROPERTY OWNER?
PLAN REVIEW#:	PLANNIN	NG APPROVAL #:
PHONE:	EMAIL:	
REASON FOR REQUEST (check one):		
☐ Constructing a new building on a parcel with no address	☐ Demise or combine suites in a multi-tenant building	
☐ Replacing a building and including a change in use	☐ My corner lot entrance is on a different street	
☐ Replacing a building and prior use will continue	☐ I'm having difficulty receiving mail or emergency service	
If request requires inspection by the city, a Fee will inspection.	be applied. Fe	ee subject to change with scope of
ASSIGNED ADDRESS WITH BUILDING OFFICIAL APPROVAL:		